PARK VIEW HEALTH CARE - REHAB PAVILION

725 BUTLER AVENUE, P.O. BOX 10

WINNEBAGO	54985	Phone:	: (920) 235-5100		Ownershi	p:	County
Operated from	1/1 To 12/31	Days	s of Operation:	365	Highest 1	Level License:	Skilled
Operate in Conj	unction with	Hospita	al?	No	Operate :	in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed	(12/31/02):	96	Title 18	(Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/	[/] 02):	105	Title 19	(Medicaid) Certified?	Yes
Number of Resid	lents on 12/31	/02:		96	Average 1	Daily Census:	101

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)				
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		 Age Groups 	용 	Less Than 1 Year 1 - 4 Years	32.3 40.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	19.8	•	27.1
Day Services	No	Mental Illness (Org./Psy)	62.5	65 - 74	19.8	İ	
Respite Care	No	Mental Illness (Other)	32.3	75 - 84	34.4	I	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalen	nt
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular	1.0	65 & Over	80.2		
Transportation	No	Cerebrovascular	0.0			RNs	13.0
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	7.3
Other Services	Yes	Respiratory	1.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	3.1	Male	40.6	Aides, & Orderlies	63.2
Mentally Ill	No			Female	59.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	1	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	٥٥	Per Diem (\$)	No.	%	Per Diem (\$)	No.	ଚ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	79	98.8	115	0	0.0	0	16	100.0	160	0	0.0	0	0	0.0	0	95	99.0
Intermediate				1	1.3	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		80	100.0		0	0.0		16	100.0		0	0.0		0	0.0		96	100.0

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
				% Needing		Total						
Percent Admissions from:		Activities of	9	As	sistance of	2	Number of					
Private Home/No Home Health	4.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	5.2		60.4	34.4	96					
Other Nursing Homes	54.5	Dressing	18.8		58.3	22.9	96					
Acute Care Hospitals	31.8	Transferring	54.2		35.4	10.4	96					
Psych. HospMR/DD Facilities	4.5	Toilet Use	31.3		43.8	25.0	96					
Rehabilitation Hospitals	0.0	Eating	50.0		38.5	11.5	96					
Other Locations	4.5	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	******					
Total Number of Admissions	44	Continence		8	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Re	espiratory Care	5.2					
Private Home/No Home Health	2.2	Occ/Freq. Incontiner	nt of Bladder	67.7	Receiving T	racheostomy Care	0.0					
Private Home/With Home Health	2.2	Occ/Freq. Incontiner	nt of Bowel	36.5	Receiving St	uctioning	0.0					
Other Nursing Homes	2.2				Receiving O	stomy Care	1.0					
Acute Care Hospitals	17.4	Mobility			Receiving To	ube Feeding	1.0					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	11.5	Receiving Me	echanically Altered Diets	41.7					
Rehabilitation Hospitals	0.0	1										
Other Locations	8.7	Skin Care			Other Resident	t Characteristics						
Deaths	67.4	With Pressure Sores		1.0	Have Advance	e Directives	10.4					
Total Number of Discharges		With Rashes		9.4	Medications							
(Including Deaths)	46	1			Receiving Pa	sychoactive Drugs	75.0					

Selected Statistics: This facility Compared to All Similar Metropolitan Area facilities & Compared to All facilities

	This Facility	Ownership: Government Peer Group		Bed Size 100-199 Peer Grou		-			lities
	%	왕	Ratio	90	Ratio	% Ratio		%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	83.8	1.15	85.7	1.12	85.3	1.13	85.1	1.13
Current Residents from In-County	94.8	84.4	1.12	81.9	1.16	81.5	1.16	76.6	1.24
Admissions from In-County, Still Residing	70.5	35.0	2.01	20.1	3.51	20.4	3.45	20.3	3.47
Admissions/Average Daily Census	43.6	74.2	0.59	162.5	0.27	146.1	0.30	133.4	0.33
Discharges/Average Daily Census	45.5	75.8	0.60	161.6	0.28	147.5	0.31	135.3	0.34
Discharges To Private Residence/Average Daily Census	2.0	24.2	0.08	70.3	0.03	63.3	0.03	56.6	0.04
Residents Receiving Skilled Care	99.0	86.6	1.14	93.4	1.06	92.4	1.07	86.3	1.15
Residents Aged 65 and Older	80.2	83.9	0.96	91.9	0.87	92.0	0.87	87.7	0.92
Title 19 (Medicaid) Funded Residents	83.3	76.6	1.09	63.8	1.31	63.6	1.31	67.5	1.24
Private Pay Funded Residents	16.7	17.1	0.98	22.1	0.75	24.0	0.70	21.0	0.79
Developmentally Disabled Residents	0.0	3.2	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	94.8	56.1	1.69	37.0	2.56	36.2	2.62	33.3	2.84
General Medical Service Residents	3.1	14.6	0.21	21.0	0.15	22.5	0.14	20.5	0.15
Impaired ADL (Mean)	44.6	49.6	0.90	49.2	0.91	49.3	0.90	49.3	0.90
Psychological Problems	75.0	61.4	1.22	53.2	1.41	54.7	1.37	54.0	1.39
Nursing Care Required (Mean)	7.4	6.4	1.16	6.9	1.07	6.7	1.10	7.2	1.03